

111TH CONGRESS  
1ST SESSION

# S. 1857

To establish national centers of excellence for the treatment of depressive  
and bipolar disorders.

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## IN THE SENATE OF THE UNITED STATES

OCTOBER 22, 2009

Ms. STABENOW (for herself, Mr. VOINOVICH, Mrs. HUTCHISON, Mr. BROWN,  
and Mr. KERRY) introduced the following bill; which was read twice and  
referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To establish national centers of excellence for the treatment  
of depressive and bipolar disorders.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Establishing a Net-  
5       work of Health-Advancing National Centers of Excellence  
6       for Depression Act of 2009” or the “ENHANCED Act  
7       of 2009”.

8       **SEC. 2. PURPOSES; GOAL.**

9       (a) PURPOSE.—It is the purpose of this Act to—

1           (1) establish a national network of centers of  
2           excellence for depressive disorders;

3           (2) provide Federal financial assistance to es-  
4           tablish and support a National network of depres-  
5           sion centers that provide for university- and commu-  
6           nity-based delivery of evidence-based interventions,  
7           innovative practices, and services to individuals with  
8           depressive disorders; and

9           (3) improve the standard of care and delivery of  
10          evidence-based interventions, innovative practices,  
11          and services to individuals with depressive disorders.

12          (b) GOAL.—It is the goal of this Act to—

13               (1) increase the number of individuals with de-  
14               pressive disorders who receive appropriate and evi-  
15               dence-based treatment, through the implementation  
16               of multidisciplinary research and clinical programs  
17               that use a recovery framework, standardize diag-  
18               noses, treat individuals early and more effectively,  
19               and prevent recurrences of depressive disorders; and

20               (2) to establish a national resource to develop  
21               and disseminate evidence-based interventions for de-  
22               pressive disorders, provide public and professional  
23               education about depressive disorders, and eradicate  
24               the stigma associated with depressive disorders.

1 **SEC. 3. CENTERS OF EXCELLENCE FOR DEPRESSION.**

2 Subpart 3 of part B of title V of the Public Health  
3 Service Act (42 U.S.C. 290bb et seq.) is amended by in-  
4 serting after section 520A the following:

5 **“SEC. 520B. NATIONAL CENTERS OF EXCELLENCE FOR DE-**  
6 **PRESSION.**

7 “(a) DEPRESSIVE DISORDER DEFINED.—In this sec-  
8 tion, the term ‘depressive disorder’ means a mental or  
9 brain disorder relating to depression, including major de-  
10 pression, bipolar disorder, and related mood disorders.

11 “(b) GRANT PROGRAM.—

12 “(1) IN GENERAL.—The Secretary, acting  
13 through the Administrator, shall award grants on a  
14 competitive basis to eligible entities to establish na-  
15 tional centers of excellence for depression (referred  
16 to in this section as ‘centers of excellence’), which  
17 shall engage in activities related to the treatment of  
18 depressive disorders.

19 “(2) ALLOCATION OF AWARDS.—If the funds  
20 authorized under subsection (f) are appropriated in  
21 the amounts provided for under such subsection, the  
22 Secretary shall allocate such amounts so that—

23 “(A) not later than 1 year after the date  
24 of enactment of the ENHANCED Act of 2009,  
25 not more than 20 centers of excellence may be  
26 established; and

1 “(B) not later than September 30, 2016,  
 2 not more than 30 centers of excellence may be  
 3 established.

4 “(3) GRANT PERIOD.—

5 “(A) IN GENERAL.—A grant awarded  
 6 under this section shall be for a period of 5  
 7 years.

8 “(B) RENEWAL.—A grant awarded under  
 9 subparagraph (A) may be renewed, on a com-  
 10 petitive basis, for 1 additional 5-year period, at  
 11 the discretion of the Secretary. In determining  
 12 whether to renew a grant, the Secretary shall  
 13 consider the report cards issued under sub-  
 14 section (e)(2).

15 “(4) USE OF FUNDS.—Grant funds awarded  
 16 under this subsection shall be used for the establish-  
 17 ment and ongoing activities of the recipient of such  
 18 funds.

19 “(5) ELIGIBLE ENTITIES.—

20 “(A) REQUIREMENTS.—To be eligible to  
 21 receive a grant under this section, an entity  
 22 shall—

23 “(i) be an institution of higher edu-  
 24 cation or a public or private nonprofit re-  
 25 search institution; and

1 “(ii) submit an application to the Sec-  
2 retary at such time and in such manner as  
3 the Secretary may require, as described in  
4 subparagraph (B).

5 “(B) APPLICATION.—An application de-  
6 scribed in subparagraph (A)(ii) shall include—

7 “(i) evidence that such entity—

8 “(I) provides, or is capable of co-  
9 ordinating with other entities to pro-  
10 vide, comprehensive medical services  
11 with a focus on mental health services  
12 and subspecialty expertise for depres-  
13 sive disorders;

14 “(II) collaborates with—

15 “(aa) other medical sub-  
16 specialists to address co-occur-  
17 ring mental illnesses;

18 “(bb) community organiza-  
19 tions; and

20 “(cc) other members of the  
21 network;

22 “(III) is capable of training  
23 health professionals about mental  
24 health; and

1 “(ii) such other information, as the  
2 Secretary may require.

3 “(C) PRIORITIES.—In awarding grants  
4 under this section, the Secretary shall give pri-  
5 ority to eligible entities that meet 1 or more of  
6 the following criteria:

7 “(i) Demonstrated capacity and exper-  
8 tise to serve the targeted population.

9 “(ii) Existing infrastructure or exper-  
10 tise to provide appropriate, evidence-based  
11 and culturally competent services.

12 “(iii) A location in a geographic area  
13 with disproportionate numbers of under-  
14 served and at-risk populations in medically  
15 underserved areas and health professional  
16 shortage areas.

17 “(iv) A history of serving the popu-  
18 lation described in clause (iii).

19 “(v) Proposed innovative approaches  
20 for outreach to initiate or expand services.

21 “(vi) Use of the most up-to-date  
22 science, practices, and interventions avail-  
23 able.

24 “(vii) Demonstrated coordination and  
25 collaboration, or having a viable plan to co-

1           ordinate, with a community mental health  
2           center or other community mental health  
3           resources.

4           “(viii) Capacity to establish coopera-  
5           tive agreements with other community en-  
6           tities to provide social and human services  
7           to individuals with depressive disorders.

8           “(ix) Demonstrated potential for rep-  
9           lication and dissemination of evidence-  
10          based research and practices.

11          “(6) SPECIALTY CENTERS.—Of the centers of  
12          excellence receiving a grant under this section, the  
13          Secretary may select 1 or more such centers to spe-  
14          cialize in—

15               “(A) subspecialties such as prepartum and  
16               postpartum depression, traumatic stress dis-  
17               order, suicidal tendency, bipolar disorder, and  
18               depression; and

19               “(B) providing mental health services to  
20               communities with problems of access, such as  
21               rural communities and economically depressed  
22               communities.

23          “(7) NATIONAL COORDINATING CENTER.—

24               “(A) IN GENERAL.—The Secretary, acting  
25          through the Administrator, shall designate 1 re-

1           ipient of a grant under this section to be the  
2           coordinating center of excellence for depression  
3           (referred to in this section as the ‘coordinating  
4           center’). The Secretary shall select such coordi-  
5           nating center on a competitive basis, based  
6           upon the demonstrated capacity of such center  
7           to perform the duties described in subpara-  
8           graph (C).

9           “(B) APPLICATION.—A center of excel-  
10          lence that has been awarded a grant under  
11          paragraph (1) may apply for designation as the  
12          coordinating center by submitting an applica-  
13          tion to the Secretary at such time, in such man-  
14          ner, and containing such information as the  
15          Secretary may require.

16          “(C) DUTIES.—The coordinating center  
17          shall—

18               “(i) develop, administer, and coordi-  
19               nate the network of centers of excellence  
20               under this section;

21               “(ii) oversee and coordinate the na-  
22               tional database described in subsection (d);

23               “(iii) lead a strategy to disseminate  
24               the findings and activities of the centers of  
25               excellence through such database;



1 “(iv) serve as a liaison with the Ad-  
2 ministration, the National Registry of Evi-  
3 dence-based Programs and Practices of the  
4 Administration, and any Federal inter-  
5 agency or interagency forum on mental  
6 health; and

7 “(v) establish a common network in-  
8 frastructure to advance services provided  
9 by the centers of excellence and dem-  
10 onstrate effectiveness in fostering a col-  
11 laborative community among such centers  
12 for sharing knowledge and skills.

13 “(8) MATCHING FUNDS.—The Secretary may  
14 not award a grant or contract under this section to  
15 an entity unless the entity agrees that it will make  
16 available (directly or through contributions from  
17 other public or private entities) non-Federal con-  
18 tributions toward the activities to be carried out  
19 under the grant or contract in an amount equal to  
20 \$1 for each \$5 of Federal funds provided under the  
21 grant or contract. Such non-Federal matching funds  
22 may be provided directly or through donations from  
23 public or private entities and may be in cash or in-  
24 kind, fairly evaluated, including plant, equipment, or  
25 services.

1       “(c) ACTIVITIES OF THE CENTERS OF EXCEL-  
2   LENCE.—Each center of excellence shall carry out the fol-  
3   lowing activities:

4               “(1) GENERAL ACTIVITIES.—Each center of ex-  
5   cellence shall—

6                       “(A) integrate basic, clinical, or health  
7                       services interdisciplinary research and practice  
8                       in the development of evidence-based interven-  
9                       tions;

10                      “(B) involve a broad cross-section of stake-  
11                      holders, such as researchers, clinicians, con-  
12                      sumers, and families of consumers, to develop  
13                      innovative approaches to incorporate research  
14                      and practice and advance evidence-based prac-  
15                      tices;

16                      “(C) provide training and technical assist-  
17                      ance to mental health professionals, and engage  
18                      in and disseminate translational research with a  
19                      focus on meeting the needs of individuals with  
20                      depressive disorders;

21                      “(D) facilitate the dissemination and com-  
22                      munication of research findings and depressive  
23                      disorder-related information from the institu-  
24                      tions of higher education to the public; and

1           “(E) educate policy makers, employers,  
2           community leaders, and the general public  
3           about depressive disorders to reduce stigma and  
4           raise awareness of available treatments for such  
5           disorders.

6           “(2) IMPROVED TREATMENT STANDARDS, CLIN-  
7           ICAL GUIDELINES, AND DIAGNOSTIC PROTOCOLS.—  
8           Each center of excellence shall collaborate with other  
9           centers of excellence in the network to—

10           “(A) develop and implement treatment  
11           standards, clinical guidelines, and protocols to  
12           improve the accuracy and timeliness of diag-  
13           nosis of depressive disorders; and

14           “(B) develop and implement treatment  
15           standards that emphasize early intervention and  
16           treatment for, primary prevention and the pre-  
17           vention of recurrences of, and recovery from,  
18           depressive disorders.

19           “(3) COORDINATION AND INTEGRATION OF  
20           PHYSICAL, MENTAL, AND SOCIAL CARE.—Each cen-  
21           ter of excellence shall—

22           “(A) incorporate principles of chronic care  
23           coordination and integration of services that ad-  
24           dress physical, mental, and social conditions in  
25           the treatment of depressive disorders;

1           “(B) foster communication with other pro-  
 2           viders attending to co-occurring physical health  
 3           conditions such as cardiovascular, diabetes, can-  
 4           cer, and substance abuse disorders;

5           “(C) identify how treatment for depression  
 6           interacts with such co-occurring illnesses to im-  
 7           prove overall health outcomes;

8           “(D) leverage available community re-  
 9           sources, develop and implement improved self-  
 10          management programs, and, when appropriate,  
 11          involve family and other providers of social sup-  
 12          port in the development and implementation of  
 13          care plans; and

14          “(E) use electronic health records and tele-  
 15          health technology to better coordinate and man-  
 16          age, and improve access to, care, as determined  
 17          by the coordinating center.

18          “(4) TRANSLATIONAL RESEARCH THROUGH  
 19          COLLABORATION OF CENTERS OF EXCELLENCE AND  
 20          COMMUNITY-BASED ORGANIZATIONS.—Each center  
 21          of excellence shall—

22          “(A) demonstrate effective use of a public-  
 23          private partnership to foster collaborations  
 24          among members of the network and commu-  
 25          nity-based organizations such as community

1           mental health centers and other social and  
2           human services providers;

3                 “(B)           expand           multidisciplinary,  
4           translational, and patient-oriented research and  
5           treatment by fostering such collaborations; and

6                 “(C) coordinate with accredited academic  
7           programs to provide ongoing opportunities, in  
8           academic and in community settings, for the  
9           professional and continuing education of mental  
10          health providers.

11         “(d) NATIONAL DATABASE.—

12                 “(1) IN GENERAL.—The coordinating center  
13         shall establish and maintain a national, publicly  
14         available database to improve prevention programs,  
15         evidence-based interventions, and disease manage-  
16         ment programs for depressive disorders, using data  
17         collected from the centers of excellence, as described  
18         in paragraph (2).

19                 “(2) DATA COLLECTION.—

20                 “(A) DATA.—Each center of excellence  
21         shall submit data gathered at such center, as  
22         appropriate, to the coordinating center regard-  
23         ing—

24                         “(i) the prevalence and incidence of  
25                         depressive disorders;

1 “(ii) the health and social outcomes of  
2 individuals with depressive disorders;

3 “(iii) the effectiveness of interventions  
4 designed, tested, and evaluated;

5 “(iv) the progress in the prevention  
6 of, and recovery from, depressive disorders;  
7 and

8 “(v) the economic impact of the activi-  
9 ties of such center.

10 “(B) FINANCIAL INFORMATION.—Each  
11 center of excellence shall provide to the coordi-  
12 nating center appropriately summarized finan-  
13 cial information to enable the coordinating cen-  
14 ter to assess the efficiency and financial sus-  
15 tainability of such center.

16 “(3) SUBMISSION OF DATA TO THE ADMINIS-  
17 TRATOR.—The coordinating center shall submit to  
18 the Administrator the data and financial information  
19 gathered under paragraph (2).

20 “(4) PUBLICATION USING DATA FROM THE  
21 DATABASE.—A center of excellence, or an individual  
22 affiliated with a center of excellence, may publish  
23 findings using the data described in paragraph  
24 (2)(A) only if such center submits such data to the

1 coordinating center, as required under such para-  
2 graph.

3 “(e) ESTABLISHMENT OF STANDARDS; REPORT  
4 CARDS AND RECOMMENDATIONS; THIRD PARTY RE-  
5 VIEW.—

6 “(1) ESTABLISHMENT OF STANDARDS.—The  
7 Secretary, acting through the Administrator, shall  
8 establish performance standards for—

9 “(A) each center of excellence; and

10 “(B) the network of centers of excellence  
11 as a whole.

12 “(2) REPORT CARDS.—The Secretary, acting  
13 through the Administrator, shall—

14 “(A) for each center of excellence, not later  
15 than 3 years after the date on which such cen-  
16 ter of excellence is established and annually  
17 thereafter, issue a report card to the coordi-  
18 nating center to rate the performance of such  
19 center of excellence; and

20 “(B) not later than 3 years after the date  
21 on which the first grant is awarded under sub-  
22 section (b)(1) and annually thereafter, issue a  
23 report card to Congress to rate the performance  
24 of the network of centers of excellence as a  
25 whole.

1           “(3) RECOMMENDATIONS.—Based upon the re-  
2           port cards described in paragraph (1), the Secretary  
3           shall, not later than September 30, 2015—

4                   “(A) make recommendations to the centers  
5                   of excellence regarding improvements such cen-  
6                   ters shall make; and

7                   “(B) make recommendations to Congress  
8                   for expanding the centers of excellence to serve  
9                   individuals with other types of mental disorders.

10           “(4) THIRD PARTY REVIEW.—Not later than 3  
11           years after the date on which the first grant is  
12           awarded under subsection (b)(1) and annually there-  
13           after, the Secretary shall arrange for an independent  
14           third party to conduct an evaluation of the network  
15           of centers of excellence to ensure that such centers  
16           are meeting the goals of this section.

17           “(f) AUTHORIZATION OF APPROPRIATIONS.—

18                   “(1) IN GENERAL.—To carry out this section,  
19                   there are authorized to be appropriated—

20                           “(A) \$100,000,000 for each of the fiscal  
21                           years 2011 through 2015; and

22                           “(B) \$150,000,000 for each of the fiscal  
23                           years 2016 through 2020.

24                   “(2) ALLOCATION OF FUNDS AUTHORIZED.—Of  
25                   the amount appropriated under paragraph (1) for a



1       fiscal year, the Secretary shall determine the alloca-  
2       tion of each center of excellence receiving a grant  
3       under this section, but in no case may the allocation  
4       be more than \$5,000,000, except that the Secretary  
5       may allocate not more than \$10,000,000 to the co-  
6       ordinating center.”.

7   **SEC. 4. SENSE OF THE SENATE.**

8       It is the sense of the Senate that the knowledge and  
9       research developed by the centers of excellence for depres-  
10      sion established under section 520B of the Public Health  
11      Service Act should be disseminated broadly within the  
12      medical community and the Federal Government, particu-  
13      larly to agencies with an interest in mental health, includ-  
14      ing other agencies within the Department of Health and  
15      Human Services and the Departments of Justice, Defense,  
16      Labor, and Veterans Affairs.

○